FM BUMED WASHINGTON DC//24//
TO AIG SEVEN SEVEN EIGHT THREE
AIG SIX NINE FOUR SEVEN
AIG ONE THREE EIGHT ONE NINE
COMSC WASHINGTON DC//N00M//
BT
UNCLAS //N06230//
MSGID/GENADMIN/BUMED//
SUBJ/ENSURING RESERVE COMPONENT HAVE FULL ACCESS TO DEPARTMENT OF DEFENSE (DOD) MILITARY TREATMENT FACILITIES FOR EVALUATION AND TREATMENT OF ADVERSE EVENTS FROM DOD DIRECTED IMMUNIZATIONS//
REF/A/DOC/ASD(HA) MEMO OF 20JUL99//
REF/B/DOC/BUMEDNOTE 6230//
REF/C/MSG/BUMED WASHDC/101501ZNOV98ZYB//
REF/D/MSG/BUMED WASHDC/221700ZNOV99ZYB//
NARR/REF A IS ASSISTANT SECRETARY OF DEFENSE (HEALTH AFFAIRS) POLICY MEMORANDUM REGARDING ENSURING ACCESS TO CARE AT DOD MEDICAL TREATMENT FACILITIES FOR EVALUATION AND TREATMENT OF IMMUNIZATION-RELATED ADVERSE EVENTS. REF B IS BUMEDNOTE ON IMMUNIZATIONS. REF C IS BUMED POLICY ON REPORTING ADVERSE REACTIONS TO ANTHRAX VACCINATIONS. REF D PROVIDES GUIDANCE ON THE CLINICAL PRACTICE GUIDELINES FOR MANAGING ADVERSE EVENTS AFTER ANTHRAX AND OTHER VACCINATIONS.//
POC/MCBRIDE/CDR, MC, USN/MED-24B/TEL: COMM (202) 762-3495; DSN 762-3495; FAX 762-3490//
RMKS/1. THIS MESSAGE HAS BEEN COORDINATED WITH THE COMMANDANT OF THE MARINE CORPS (CMC). THE COMMANDANT HAS AUTHORIZED TRANSMISSION TO MARINE CORPS ACTIVITIES.
2. REQUEST WIDEST DISSEMINATION TO SENIOR MEDICAL DEPARTMENT REPRESENTATIVES, PATIENT AFFAIRS AND MANAGED CARE DEPARTMENTS, RESERVE LIAISON OFFICERS, IMMUNIZATION CLINICS, BRANCH CLINICS AND PREVENTIVE MEDICINE DEPARTMENTS.
3. PER REF A, TITLE 10, UNITED STATES CODE FOR THE ARMED FORCES DIRECTS THAT MEMBERS OF THE RESERVE COMPONENTS WHO INCUR OR AGGRAVATE ANY INJURY, ILLNESS, OR DISEASE WHILE PERFORMING ACTIVE DUTY ANNUAL TRAINING OR INACTIVE DUTY TRAINING (DRILL PERIOD), ARE ENTITLED TO MEDICAL CARE APPROPRIATE FOR THE TREATMENT OF THE INJURY, ILLNESS OR DISEASE. ADVERSE REACTIONS TO DOD-DIRECTED IMMUNIZATIONS, ADMINISTERED AT A DOD MEDICAL TREATMENT FACILITY (MTF), ARE CONSIDERED LINE OF DUTY ILLNESSES.
4. THEREFORE, WHEN A MEMBER OF THE RESERVE COMPONENT (FROM ANY SERVICE) PRESENTS FOR TREATMENT AT A MTF, BRANCH CLINIC, OR RESERVE CENTER, EXPRESSING A BELIEF THAT THE CONDITION FOR WHICH TREATMENT IS SOUGHT IS RELATED TO RECEIVING AN IMMUNIZATION DURING A PERIOD OF DUTY, THE MEMBER MUST BE EXAMINED AND PROVIDED NECESSARY MEDICAL CARE. A RESERVIST NEED

NOT BE IN A DUTY STATUS TO RECEIVE INITIAL EVALUATION OR TREATMENT.
5. FOLLOWING INITIAL EVALUATION AND TREATMENT, IF FURTHER CARE IS REQUIRED, A NOTICE OF ELIGIBILITY WILL BE DETERMINED AS SOON AS POSSIBLE. IT IS THE RESPONSIBILITY OF THE RESERVE MEMBER TO CONTACT THE MDR AT THEIR RESERVE CENTER WHO WILL INITIATE THE NOE PAPERWORK, FROM COMMANDER, NAVAL RESERVE FORCE (N01M), OR FROM COMMANDANT, MARINE CORPS (RAM-3).
6. DEERS ENROLLMENT STATUS OF A RESERVIST WILL NOT BE A DETERMINANT OF ELIGIBILITY FOR CARE.
7. AN IMMUNIZATION INFORMATION FORM FOR NAVY AND MARINE CORPS RESERVE PERSONNEL HAS BEEN DEVELOPED WHICH SHOULD BE GIVEN TO THE RESERVE MEMBER UPON RECEIVING AN IMMUNIZATION. THIS FORM PROVIDES KEY POINTS REGARDING POSSIBLE SIDE EFFECTS AND ADVERSE EVENTS FOLLOWING IMMUNIZATION, SEEKING EVALUATION AND TREATMENT, OBTAINING A NOTICE OF ELIGIBILITY, AND ENSURING ACCESS TO CARE AT AN MTF. GUIDANCE DIRECTED TO THE MTF IS ALSO SHOWN ON THIS FORM, INCLUDING AN EXPLANATION OF THE POLICY OF ACCESS TO CARE FOR RESERVISTS, REPORTING ADVERSE EVENTS THROUGH THE VACCINE ADVERSE EVENT REPORTING SYSTEM (VAERS), AND HOW TO OBTAIN THE DOD CLINICAL PRACTICE GUIDELINES FOR MANAGING ADVERSE EVENTS AFTER ANTHRAX AND OTHER VACCINATIONS. THIS FORM IS NOT REQUIRED FOR ACCESSIBILITY TO CARE.
8. THIS INFORMATION FORM WILL BE DISTRIBUTED TO IMMUNIZATION CLINICS AT ALL MTFS AND BRANCH CLINICS, AS WELL AS RESERVE CENTERS. FURTHER, IT IS AVAILABLE FOR VIEWING AND DOWNLOADING AT THE FOLLOWING WEBSITES: WWW.NAVRES.NAVY.MIL (ALL LOWERCASE), AND HTTP://WWW-NEHC.MED.NAVY.MIL/PREVMED/IMMUN/IMUNMAIN.HTM
9. PER REF B, HEALTHCARE PROVIDERS MUST SUBMIT A VAERS-1 FORM FOR VACCINE REACTIONS THAT RESULT IN A HOSPITAL ADMISSION, LOSS OF DUTY FOR GREATER THAN 24 HOURS, OR SUSPECTED TO HAVE RESULTED FROM THE CONTAMINATION OF THE VACCINE. IN ADDITION, HEALTHCARE PROVIDERS ARE ENCOURAGED TO REPORT TO VAERS ANY CLINICALLY SIGNIFICANT ADVERSE EVENTS OCCURRING AFTER THE ADMINISTRATION OF ANY VACCINE. REPORTS TO VAERS MAY BE SUBMITTED BY OTHERS, INCLUDING PATIENTS AND FAMILY MEMBERS. AS REQUESTED, PROVIDERS SHOULD ASSIST PATIENTS IN PREPARING VAERS-1 FORMS.
10. PER REF B AND C, VAERS-1 FORMS SHOULD BE SUBMITTED TO THE NAVY ENVIRONMENTAL HEALTH CENTER, ATTN REPORTABLE DISEASE PROJECT OFFICER, 2510 WALMER AVENUE, NORFOLK, VA 23513-2617. TEL: COMM (757) 462-5595; DSN 254-5595; FAX (757) 444-1345. A COPY OF THE VAERS-1 FORM SHOULD BE SENT TO THE FDA, USING THE ADDRESS ON THE VAERS-1 FORM.
11. REF D PROVIDES INFORMATION ON THE CLINICAL PRACTICE GUIDELINES FOR MANAGING ADVERSE EVENTS AFTER ANTHRAX AND OTHER

VACCINATIONS. THIS RESOURCE OFFERS GUIDANCE ON THE RECOGNITION, MANAGEMENT, AND REPORTING OF ADVERSE EVENTS FOLLOWING IMMUNIZATION. IT IS AVAILABLE FOR VIEWING AND DOWNLOADING FROM WWW.ANTHRAX.OSD.MIL (FOUND IN THE CLINICIANS CORNER, UNDER THE DOCUCENTER), AS WELL AS THE NAVY ENVIRONMENTAL HEALTH CENTER (NEHC) WEBSITE, WWW-NEHC.MED.NAVY.MIL (UNDER SPECIAL INTEREST AREAS).
BT